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Bib Data Sheet

CONFIRMATION NO. 4845

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|---|---|--|--|--|------------------------------------|
| SERIAL NUMBER 09/600,400 | FILING OR 371(c) DATE 01/02/2001 RULE | CLASS 072 | GROUP ART UNIT 3725 | ATTORNEY DOCKET NO. 4421-003 | |
| APPLICANTS Rainer Buhler, Wolfsburg, GERMANY; Noppadol Amorntatkul, Prakanong Bangkok, THAILAND; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/GB99/00119 01/14/1999 | | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9800861.8 01/15/1998 | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 4 | TOTAL CLAIMS 27 | INDEPENDENT CLAIMS 4 |
| ADDRESS Lowe Hauptman Gilman & Berner Suite 310 1700 Diagonal Road Alexandria, VA 22314-2848 | | | | | |
| TITLE FORGING OF WORKPIECES | | | | | |
| FILING FEE RECEIVED 1772 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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| Examiner's Signature <i>[Signature]</i> Initials | | INDEPENDENT CLAIMS 4 | | |
| ADDRESS Lowe Hauptman Gopstein Gilman & Berner Suite 310 1700 Diagonal Road Alexandria, VA 22314-2848 | | | | |
| TITLE Forging of workpieces | | | | |
| FILING FEE RECEIVED 1472 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |